

# EXHIBIT A

## Case Summary

**Case Number:** SOM L-000719-21**Case Caption:** Hale James Vs Lyons Va Medical Cen Ter**Court:** Civil Part**Venue:** Somerset**Case Initiation Date:** 05/21/2021**Case Type:** Personal Injury**Case Status:** Active**Jury Demand:** 6 Jurors**Case Track:** 2**Judge:** Thomas C Miller**Team:** 1**Original Discovery End Date:****Current Discovery End Date:****# of DED Extensions:** 0**Original Arbitration Date:****Current Arbitration Date:****# of Arb Adjournments:** 0**Original Trial Date:****Current Trial Date:****# of Trial Date Adjournments:** 0**Disposition Date:****Case Disposition:** Open**Statewide Lien:****Plaintiffs****James Hale****Party Description:** Individual**Attorney Name:** Frederick Richard Dunne**Address Line 1:****Address Line 2:****Attorney Bar ID:** 008042009**City:** **State:** NJ**Zip:** 00000**Phone:****Attorney Email:** CHIP@DUNNECOHEN.COM**Defendants****State Of New Jersey****Party Description:** State Of Nj**Attorney Name:****Address Line 1:****Address Line 2:****Attorney Bar ID:****City:** **State:** NJ**Zip:** 00000**Phone:****Attorney Email:****Lyons Va Medical Center****Party Description:** Business**Attorney Name:****Address Line 1:** 151 Knollcroft Road**Address Line 2:****Attorney Bar ID:****City:** Lyons **State:** NJ**Zip:** 07393**Phone:****Attorney Email:****United States Department Of Ve AKA United States Department Of Veteran Affairs****Party Description:** Business**Attorney Name:****Address Line 1:****Address Line 2:****Attorney Bar ID:****City:** **State:** NJ**Zip:** 00000**Phone:****Attorney Email:****Abc Corp 1-10****Party Description:** Fictitious**Attorney Name:****Address Line 1:****Address Line 2:****Attorney Bar ID:****City:** **State:** NJ**Zip:** 00000**Phone:****Attorney Email:****Jane Does 1-10****Party Description:** Fictitious**Attorney Name:****Address Line 1:****Address Line 2:****Attorney Bar ID:****City:** **State:** NJ**Zip:** 00000**Phone:****Attorney Email:****John Does 1-10****Party Description:** Fictitious**Attorney Name:****Address Line 1:****Address Line 2:****Attorney Bar ID:****City:** **State:** NJ**Zip:** 00000**Phone:****Attorney Email:**

**Case Actions**

Filed Date	Docket Text	Transaction ID	Entry Date
05/21/2021	Complaint with Jury Demand for SOM-L-000719-21 submitted by DUNNE, FREDERICK RICHARD, DUNNE DUNNE & COHEN LLC on behalf of JAMES HALE against LYONS VA MEDICAL CENTER, STATE OF NEW JERSEY, JOHN DOES 1-10, JANE DOES 1-10, ABC CORP 1-10	LCV20211265823	05/21/2021
05/22/2021	TRACK ASSIGNMENT Notice submitted by Case Management	LCV20211269905	05/22/2021
06/09/2021	PROOF OF SERVICE submitted by DUNNE, FREDERICK, RICHARD of DUNNE DUNNE & COHEN LLC on behalf of JAMES HALE against STATE OF NEW JERSEY	LCV20211400489	06/09/2021
06/09/2021	PROOF OF SERVICE submitted by DUNNE, FREDERICK, RICHARD of DUNNE DUNNE & COHEN LLC on behalf of JAMES HALE against LYONS VA MEDICAL CENTER	LCV20211400518	06/09/2021
06/24/2021	AMENDED COMPLAINT submitted by DUNNE, FREDERICK, RICHARD of DUNNE DUNNE & COHEN LLC on behalf of JAMES HALE against UNITED STATES DEPARTMENT OF VE	LCV20211515512	06/24/2021
07/01/2021	PROOF OF SERVICE submitted by DUNNE, FREDERICK, RICHARD of DUNNE DUNNE & COHEN LLC on behalf of JAMES HALE against UNITED STATES DEPARTMENT OF VETERAN AFFAIRS	LCV20211568284	07/01/2021
07/08/2021	DEFICIENCY NOTICE: re: AMENDED COMPLAINT [LCV20211515512] -Please resubmit the amended complaint as attorney's signature is missing. Thank you.	LCV20211611502	07/08/2021
07/08/2021	AMENDED COMPLAINT submitted by DUNNE, FREDERICK, RICHARD of DUNNE DUNNE & COHEN LLC on behalf of JAMES HALE against LYONS VA MEDICAL CENTER, UNITED STATES DEPARTMENT OF VETERAN AFFAIRS, ABC CORP 1-10, JANE DOES 1-10, JOHN DOES 1-10	LCV20211611542	07/08/2021